

**New Jersey Department of Human Services
Division of Developmental Disabilities
DDD Eligibility Documentation Checklist**

Please complete the following forms as directed and return them to:

Xxx
Xxxx
Xxxx
Xxxx
Xxxx
xxxx

A. DDD Eligibility Forms:

- **Application for Eligibility.** The person completing the application must sign this form.
- **Applicant Information Form.** The Applicant, a family member or a caregiver can complete this form. No signature is required. Use additional sheets of paper as necessary.
- **Adaptive Behavior Summary (ABS).** This form should be completed by the Applicant, or by a family member or caregiver who knows the Applicant well.
- **ABS Acknowledgment.** The person who completes the ABS should sign this form.
- **Initial Uniform Application Form.** Required for Applicants 21 or younger. It allows them to apply for services from three state agencies at the same time. Must be signed.
- **Health Information and Portability and Accountability Act (HIPAA) information;**
 - i. **Notice of Privacy Practices and Acknowledgement Form.** Please read the Department of Human Services *Notice of Privacy Practices* and sign and return the *Acknowledgement Form*.
 - ii. **Authorization for Disclosure of Health Information to Family and Involved Persons.** Gives DDD permission to talk with people the Applicant chooses about his or her health information. Complete, sign and return.
 - iii. **Authorization for the Release of Health Information.** Gives DDD permission to send copies of Applicant's health records to people or organizations chosen by the Applicant. Complete, sign and return.
- **Consent Form.** For use with the documents in Section B.

B. Documentation: You will need to give consent for DDD to receive copies of many of these forms. A Consent Form is enclosed for your use.

- _____ Medical Documentation of Disability/Physician's Statement
- _____ Most Recent Psychological Evaluation, Including IQ Score
- _____ All Available Psychological Reports
- _____ Most Recent Child Study Team or School Reports/Learning Evaluations/Social Summaries
- _____ Early Intervention Evaluations
- _____ Psychiatric Evaluation
- _____ Division of Vocational Rehabilitation Services (DVRS) Records/Evaluations
- _____ Neurological Evaluation
- _____ Physical Therapy Evaluation/Occupational Therapy Evaluation
- _____ Speech/Therapy evaluation
- _____ Diagnostics Reports: _____
- _____ Hospital Records/Discharge Summary
- _____ Photocopy of Birth Certificates
- _____ Photocopy of Social Security Card or
- _____ Green Card or Proof of US Citizenship (*provide for parent(s) if applicant is under 18*)
- _____ Proof of New Jersey Residency: Photocopy of one of the following: 1) Voter Registration form
2) Pay Stub 3) W2 form or 4) Real Estate Tax Bill (*provide for parent(s) if applicant is under 18*)
- _____ Photocopy of Letters of Guardianship or other court documents confirming Guardianship of Person
- _____ Letter certifying Medicaid eligibility or denial thereof
- _____ Other: _____